



Illinois Environmental Protection Agency

SWTR RDC at Entry Point and Inactivation Ratio Monitoring

Water System Number:	
Water System Name:	Month/Year:
Entry Point ID (TPXX):	Entry Point Description:

Date	Number of Grab Samples*	Minimum RDC at EP (mg/l)**	Date	Number of Grab Samples*	Minimum RDC at EP (mg/l)**	Date	Number of Grab Samples*	Minimum RDC at EP (mg/l)**
1			11			21		
2			12			22		
3			13			23		
4			14			24		
5			15			25		
6			16			26		
7			17			27		
8			18			28		
9			19			29		
10			20			30		
						31		

* List number of grab samples collected and analyzed. If continuously monitoring leave blank-do not list samples used for calibration.

** List minimum residual disinfectant concentration (RDC) at the entry point (EP) to the distribution system for that 24-hour period.

Report of RDC at Entry Point <0.2 mg/l

Day	Duration of Low Level (hrs.)	Date Reported to IEPA	Date Follow-up Report to IEPA

INACTIVATION RATIO

Min. Total <i>Giardia</i> Inactivation for the Month: _____	Spreadsheet Emailed to Mary.F.Reed@illinois.gov on / /
Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____	
Min. Total Virus Inactivation for the Month: _____	Spreadsheet Emailed to Mary.F.Reed@illinois.gov on / /
Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____	

To the best of my knowledge, the above information is complete and accurate.

Signature of ROINC: _____ Date: _____

Mail Report to:
IEPA/BOW/CAS/DWU #19
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Springfield, Illinois 62794-9276
217/785-0561, FAX 217-557-1407